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Culture-Sensitive Functional Analytic Psychotherapy

Luc Vandenberghe
Universidade Católica de Goiás, Brazil

Functional analytic psychotherapy (FAP) is defined as behavior-analytically conceptualized talk therapy. In contrast to the technique-oriented educational format of cognitive behavior therapy and the use of structural mediational models, FAP depends on the functional analysis of the moment-to-moment stream of interactions between client and therapist. This distinctive feature makes FAP particularly sensitive to the challenges posed by cultural differences between client and therapist. Core elements of FAP philosophy are invoked to argue that this vulnerability paradoxically implies an increased ability to capture and use relevant issues in the therapy process with culturally different clients. This argument focuses FAP's preference for concrete behavior over theoretical modeling, its emphasis on functional principles rather than topographically defined techniques, and its inclusion of the therapist's behavior in the assessment of clients' clinically relevant behavior. Suggestions are given concerning how academic and practical training and personal experience may be used to foster sound multicultural practice.

Key words: culture-sensitive therapy, culturally competent therapy, functional analytic psychotherapy, therapist–client relationship

For decades now, the provision of psychological services to minority clients by therapists who belong to mainstream culture has been critically discussed (e.g., D. W. Sue & Sue, 1977; S. Sue, 1977; S. Sue & Zane, 1987). It has been pointed out that cultural features of a minority group that have important effects on the client's functioning may differ drastically from the clinician's own frame of reference. Behavioral patterns that may seem dysfunctional to the mainstream clinician may be within expected norms for the client's culture. As a result, minority clients who initiate treatment with a therapist from a different group may encounter misunderstandings. A client's unfamiliarity with mainstream social conventions may be mistaken for pathology, and the therapist may encourage him or her to adopt the dominant culture's commonsense beliefs and life goals; these might be inappropriate to the client's milieu or irrelevant to the problems for which he or she seeks therapy. Moreover, the converse may also be true (Lopez, 1989). The therapist may overlook serious problems buried among badly understood features of the client's culture in such a way that cultural differences may result in either over- or underpathologization.

Although cultural matching of client and therapist may be indicated, particularly in the case of less acculturated minority clients (S. Sue, Fujino, Hu, Takeuchi, & Zane, 1991), it does not as a rule lead to a better outcome (Karlsson, 2005; Shin et al., 2005; Thompson & Alexander, 2006). The present paper looks at another question, that of the therapist's competence in treating clients who do not belong to his or her culture.

The first subheading of this paper introduces the notions of cultural essentialism and culture-sensitive therapy. Then, a description of functional analytic psychotherapy (FAP; Kohlenberg & Tsai, 1991) is followed by a section that argues that FAP faces a number of acute cross-cultural challenges precisely because of its focus on the functions of in-session behavior rather than behavior topography or rule governance. The final

Reprint requests should be addressed to Luc Vandenberghe, Caixa Postal 144, Agência de Correio Central, Praça Cívica, Goiânia/GO CEP 74001-970, Brazil (e-mail: luc.vandenberghe@yahoo.com.br).

two sections argue that, paradoxically, this vulnerability allows therapists to be more sensitive. They explain how FAP principles can be put to work in dealing with cultural difficulties.

CULTURAL ESSENTIALISM AND CULTURE SENSITIVITY

Many cognitive behavior therapists have gone out of their way to adapt to the challenges of cross-cultural therapy. Cognitive behavior therapy incorporates classical behavioral treatments that aim to reduce dysfunctional emotions and other unintentional responses as well as cognitive interventions that attempt to alter thinking patterns and appraisals (Brewin, 1996). A therapist may isolate maladaptive conditioned fear responses and treat them using exposure procedures that are based on Pavlovian principles (Eysenck, 1987). Beliefs may be selected for their irrational content and challenged through specific disputative strategies and cognitive or behavioral exercises (Beck, 1995). The client learns to identify and modify selected topographies during therapy and is then instructed to apply these skills outside the therapy setting.

Practices like cognitive restructuring and desensitization have European and North American origins, but as S. Sue and Zane (1987) have pointed out, a client's culture may have developed different means of treatment. Think of ethnic healing rituals and indigenous problem-solving strategies that may serve similar functions. The imposition of techniques, without regard for client preferences and expectations, has generated widespread criticism and a great deal of reflection and research (S. Sue & Lam, 2002). As it turns out, treatments that use standard procedures and that are described in topographical details are, by their very nature, reflective of the culture in which they are developed; by the same token, this cultural content may be challenged and adapted. Topographically standardized techniques can be evaluated in terms of cultural adequacy, and when necessary, replaced with more adequate procedures. However, such adaptations are much more difficult to make when no standard topographies are established. This would be the case in a treatment that depends on the spontaneous flow of interactions between client and therapist. The idiosyncratic nature of spontaneous interpersonal interaction cannot be modified in the same way as a programmed topography.

Adaptation to cultural differences is also facilitated by the fact that cognitive behavior therapy uses structural models of psychological disorders that represent inadequate topographies of private behavior in persons who suffer from these disorders (e.g., Barlow, 1988; Beck, 1995). The use of structural concepts like fear memories or cognitive schemas in these models helps the therapist to organize a great deal of idiosyncratic detail and diminishes the risk of cultural misunderstanding. This is because these concepts describe the topographies to be detected and targeted for change. Examples include (a) dysfunctional information contained in memories that may lead a client to perceive an objectively safe situation as a menace (Steketee & Barlow, 2002); (b) conditional beliefs, such as "If I am not successful, everyone will reject me"; (c) fundamental beliefs, such as "The world is a dangerous place"; and (d) specific cognitive distortions like catastrophic thinking (Beck). Because these structural concepts explicitly state the topographies that should be targeted for treatment, they can be compared to the traits of different cultures. Inasmuch as cultures do not agree about desirable thinking and feeling topographies, what needs to be done is to compare the topographies spelled out as desirable or undesir-

able in the model with the topographies that are valued in the client population at hand.

Descriptions of cultures in terms of the attitudes and beliefs that define them have been referred to as *cultural essentialism* (Narayan, 1997). This term describes the assumption that an underlying set of traits defines a culture and gives the behaviors of its members their distinctive features. Popper (1962) identified essentialism as the view that knowledge about something means discovering what defines it. Cultural essentialism is problematic because it upholds the illusion that each culture has a constant (and categorically proper) essence, and Narayan instead stresses the internally diverse and inconsistent quality of cultures as well as the interactive unfolding of meaning. But, despite its shortcomings, cultural essentialism is also helpfully parsimonious. Clients' experiences can be understood as individual variations of a deeper cultural blueprint. The latter explains their behavior and provides guidelines along which modified treatments can be tailored.

To illustrate how this works, we can look at the dichotomy between individualist cultures, which socialize their members to compete with others and to control context, and collectivist cultures, which promote cooperative behavior and value context. Because individualism attributes psychological suffering to intrapersonal variables and collectivism attributes it to interpersonal maladjustment, the culturally sensitive therapist can focus on those aspects most relevant to the client's culture (or blend them, in the case of the bicultural client) (Hall, 2003). Asian American volunteers with low white identity (as measured on a self-report scale), attributed high credibility to cognitive therapy, which advocates adapting thoughts and beliefs to external reality. Those with high white identity preferred time-limited dynamic therapy, which favors direct control of external reality including, for example, interpersonal relationships (Wong, Kim, Zane, Kim, & Huang, 2003). The therapist must still assess the extent of the individual client's acculturation, but once this is done, rationale and treatment can be fine tuned to the client's culture.

What follows are a few examples of empirically testable modifications of intervention content. These include focusing on the interpersonal aspects of depression for Puerto Rican clients (Rossello & Bernal, 1999), incorporating racial identity development for black clients (Carter, 1995), and inclusion of empowerment strategies, network resources, and problem solving for Native Americans (LaFromboise, Timble, & Mohatt, 1998). Other examples are Otto and Hinton's (2006) modified cognitive behavior therapy for traumatized Cambodian refugees that emphasizes interoceptive exposure, given that Cambodians focus more on somatic aspects of acute anxiety states, and De Coteau, Anderson, and Hope's (2006) replacement of written homework assignments with creative stories, songs, and dance when applying a cognitive behavioral protocol to Native Americans. Subtler, but also testable, are Hwang, Wood, Lin, and Cheung's (2006) adaptation of treatment to Chinese American clients, in which therapists present themselves more emphatically as authorities and are more proactive in providing direction, and De Couteau et al.'s admonition that therapists show humility rather than superior expertise in adapting to Native American clients. There is good evidence that such cultural adaptations can make interventions more effective (Griner & Smith, 2006).

Therapists understand ethnically sensitive therapy as (a) being aware of the existence of differences, (b) having knowledge of the client's culture, (c) distinguishing culture from pathology, and (d) taking cul-

ture into account during therapy (Zayas, Torres, Malcolm, & DesRosiers, 1996), but the concept of multicultural counseling competence in the literature tends to go farther. It is defined as possessing (a) attitudes and beliefs, such as being aware of one's own cultural heritage and biases while respecting other languages and help-giving practices; (b) knowledge, such as understanding sociopolitical factors that affect ethnic minorities; and (c) skills, such as sending and receiving culturally adequate verbal and nonverbal messages. All of these are necessary to deliver interventions to members of a different culture (D. W. Sue, Arredondo, & McDavis, 1992; D. W. Sue et al., 1982; D. W. Sue & Sue, 2003; for similar views, see American Psychological Association [APA], 2003; S. Sue, 1998).

FUNCTIONAL ANALYTIC PSYCHOTHERAPY

FAP (Kohlenberg & Tsai, 1991) is a contemporary strand of office-based talk therapy based on a functional analysis of the client–therapist relationship. The major tenet of FAP can be summarized as the claim that both problem behaviors and improvements occur during the client–therapist interaction, and that the skillful therapist can directly influence these behaviors in the way he or she reacts to them. Problematic interactions with the therapist as well as desired changes in patterns of interpersonal relationship with the therapist are called clinically relevant behaviors.

A number of core characteristics set FAP apart from cognitive behavior therapy. Among those, we will briefly discuss its particular position concerning reinforcement, its strictly functional approach, and its emphasis on contingency shaping as opposed to rule governance. The first of these characteristics can be described as FAP's dismissal of contrived reinforcement.[1] A typical example of this would be the use of approval contingent on selected action strategies or reports of thoughts or praise after completing an assignment. Rarely will such reinforcement be available when the new behavior generalizes to the client's daily life. Moreover, because it is contrived by the therapist, this reinforcement runs the risk of reflecting the therapist's culture and may function quite differently in the client's cultural context. In some cultures, the aforementioned use of approval may implicitly define the client as a socially inferior or less mature person who depends on others' opinions. In another culture, it may define the client as a disciple of the therapist, who will then be expected to reveal deeper truths to the client (a task the therapist is not prepared for). A more important question concerns what kind of behavior the approval is intended to reinforce. Using contrived consequences, the therapist may unwittingly be reinforcing approval seeking, submissive behavior, or other behavior that may not entail any improvement in a particular client's daily life problems, or that can even contribute to worsening them.

Instead of using structural models of psychopathology, FAP promotes the operant hypothesis that psychological problems and improvements are the result of interpersonal contingencies. This entails its explicit dependence on behavioral function in deciding whether a specific behavioral topography is appropriately targeted for change. In the final analy-

[1] As Skinner (1987) pointed out, natural contingencies are not per se superior, in that they can select harmful behavior and culture can be said to shield people from unwanted effects of the natural environment. But FAP builds on the tendency of natural reinforcement (most often the reactions of others with whom the client interacts) to be closely contingent on the topography of the behavior that is to be reinforced.

sis, function should also be crucial in treatments that target conditioned fears or beliefs because of their content, as can be illustrated through the anecdote of a road worker (Eysenck, 1987). His fear of going back to his job after having been hit by a car was eliminated, but it returned when he was run over again at work. The fear was successfully treated for a second time, but after the third accident his therapists concluded that his fear was not inappropriate. Similarly, it must be appreciated how cognitive content functions within the client's daily life before being targeted (Beck, 1995).

A final characteristic of FAP is less reliance on rule governance and more reliance on contingency control and shaping. Whereas cognitive behavior therapy most often works through instructional control and seeks to modify the content of cognitions that occur outside the session, FAP targets relevant thoughts, feelings, and actions as they occur in the session. This makes FAP an experience-guided treatment that invites the client to sample concrete contingencies rather than build on verbal control (Kohlenberg & Tsai, 1991).

A greater emphasis on rule governance in cognitive behavior therapy is also true of the cognitive behavior therapist's own behavior, as is demonstrated by following the steps of an imagery-based exposure procedure or restructuring a client's fundamental belief. In this case, the intent of the rule governance is to override distractions that emanate from the fine tissue of ongoing social interaction and emotional responding that might otherwise sidetrack the therapist. In contrast, FAP stresses that the therapist's behavior is influenced by the client as much as the client's is influenced by the therapist. Therapist confusion, anger, or anxiety can contain powerful clues about the contingencies that operate within the relationship, and FAP therapists will want to compare these to the contingencies that operate in the client's life outside the session. Therefore, the FAP therapist examines such thoughts and feelings, instead of avoiding them, and explores how they might be used to help shape more useful daily life repertoires (Kohlenberg & Tsai, 1991).

ABANDONING CONVENTIONAL SAFEGUARDS

Obviously, like other therapists, FAP practitioners are expected to dedicate time in the early course of treatment to identifying relevant cultural issues. Most of the present article agrees with Tanaka-Matsumi and Higginbotham's (1994) idea that functional analytic assessment and the single-subject approach in themselves are helpful in cross-cultural practice because they facilitate the inclusion of idiosyncratic and, thus, culture-specific factors related to the client's presenting problems. But the functional analytic approach also has a downside in this regard. Even after a thoroughgoing assessment, using FAP as a treatment for a culturally different client will be more demanding than using mainstream cognitive behavior therapy.

Using an ideographic approach, a fragmented picture of multiple geographical, socioeconomic, and linguistic group memberships emerges. To complicate matters further, even two people who grew up in the same environment will not share the same repertoires. As Barnes-Holmes (2003) argues, no two organisms are ever confronted with exactly the same conditions. Let us take the example of a therapist who wants to work with members of a recent immigrant community. He or she may find that some of them may react against the practices of their group of origin, whereas others may take their mother culture's family, child-rearing, or gender rules more literally than would be the case in their land of origin. We could say that the thera-

pist who wields a cultural essentialist perspective will have most direct benefit from nomothetic studies about how the prototypical Asian, Latin, or Arab client thinks or feels. The FAP therapist with his or her radically ideographic approach will have to be more creative in using this information.

Furthermore, as Bolling (2002) points out, our skills at functional analysis do not exist independently of mainstream culture. It cannot be denied that behavior analysis is the product of a certain western intellectual subculture and that it does not grant immunity from culture-bound assumptions. More important, these assumptions are not manifested as openly in the practice of functional analysis as they are in topographic models, so cultural issues may be more difficult to identify a priori and may even remain implicit. Although any type of psychological intervention can clash with values and views that prevail in a certain culture, such clashes are easier to predict and circumvent in a treatment with a standard protocol for a diagnostic category.

Finally, a treatment approach in which the therapist's personal responses are central (Kohlenberg & Tsai, 1991) is especially vulnerable to untoward cultural influences. Pronounced differences between client and therapist can make FAP harder to practice for various reasons. These differences make it less likely that the therapist's repertoires will contain behaviors that resemble those that he or she aims to affect in the client. The expression of the therapist's feelings in response to clinically relevant behavior may not have the same effect on the client as it does in the community that shaped the therapist's behavior. And some of the therapist's stronger reactions to the client may simply be irrelevant in the cultural context of the client's daily life. Conversely, a behavior that has a certain effect in the client's group may not evoke a similar response from the therapist, and the latter may not detect important functional relations because of this. Together, these difficulties put high demands on the therapist's moment-to-moment awareness of his or her reactions to the client and of the determinants of these reactions.

THE MAKING OF A CULTURE-SENSITIVE THERAPIST

It will be argued from this point on that although adhering to FAP's fundamental tenets deprives the therapist of conventionally accepted safeguards, these same options make this sacrifice worthwhile by helping to enhance the therapist's cultural sensitivity in more fundamental ways.

Turning FAP's Focus on Concrete Behavior into a Cross-Cultural Advantage

Concrete behaviors are more similar between cultures than are conceptual accounts of behaviors. People in all cultures think, feel, approach, avoid, and solve problems and get stuck in others. However, concepts like *dysphoria* or *ataque de nervios* may be highly culture specific. This means that it will be easier for therapists and clients to discuss change or improvement markers when focusing on concrete behavior. In contrast, using abstract concepts can make it difficult for the therapist and client to understand each other. Behavioral psychotherapists (Zettle & Hayes, 1986) have argued that explanations about how the mind works lead to useless attempts to understand problems as an expression of mental states. Similarly, adopting theoretical models of pathology promoted by verbal communities like cultures and schools of psychotherapy may exacerbate the client's problems. Moreover, it may entail rule following that makes the therapist less sensitive to in-session

interactions. For instance, it may keep the therapist from probing and discussing interpersonal situations, or from exploring details of what happens during the session, because they are already ''explained'' by the concepts.

The focus on concrete behaviors helps in what S. Sue (1998) calls *dynamic sizing,* that is, flexible generalizing, such as using information about the client's group insofar as it is relevant to the client's problem, or using one's own experiences to the extent that they are appropriately similar to the client's. A focus on concrete acts is helpful in dynamic sizing because it highlights the actual contextual conditions that are directly related to the target behavior, making it easier to detect relevant present and historical individual and group contingencies. This makes it hard to miss the consequences the client actually experiences or the relevant cultural context the therapist needs to take into account. It also prompts open communication between client and therapist, including the expression of culture-specific needs. Lacking the security and protection of an abstract model, the therapist will also be more open to relevant feedback.

How can a therapist optimize this focus? He or she will need to dedicate more time to taking the client's history and background. But he or she will also have to be prepared personally. An important point is that the therapist must guard against verbally controlled reactions to clients. He or she would easily miss concrete improvement if this improvement did not conform to his or her cultural or theoretical expectations. Reduced rule governance can be achieved through formal training and informal learning, including direct exposure to cultural differences. Therapists can acquire first-hand experience with ethnic neighborhoods or can choose to become familiar with specific environments and people who belong to cultural realms similar to the client's. These interactions may not be directly transferable to the relationship with the client just because the latter belongs to the same group, nor will they provide clear answers as to what kind of behaviors will need to be reinforced. They will, however, provide the therapist with real-life samples of other cultures and opportunities to exercise flexibility and openness to experience. They will also help the therapist to realize the limitations of his or her own experience, which is in itself part of multicultural competence (APA, 2003; S. Sue, 1998).

More fundamental than this exercise is the therapist's commitment to actively attend to concrete events (as opposed to abstract concepts). Kohlenberg et al. (2004) have used the concept of mindfulness in referring to the FAP therapist who attempts to be keenly aware of what affects him or her during the session, instead of proceeding under the instructional control of an elaborate model. Mindfulness, an intentional process of nonjudgmental and effective observing, describing, and participating (Linehan, 1993), has also been defined as purposely paying attention in the present moment without judging (Kabat-Zinn, 1990) and engaging actively and flexibly in the present, with an openness to new information and sensitivity to context (Langer, 1989).

Applied to our concerns, mindfulness entails an intentional disengagement from explanatory models and increased attention to context and goals while interacting with a client. It is a skill that can be practiced in various situations of the therapist's daily life. In the session, it takes the shape of paying attention to what is actually happening between oneself and the client without automatically evaluating or theoretically referencing, while at the same time being ever aware of one's goals for being there, one's involuntary reactions, and the

contingencies that affect all these elements.

Another way to enhance the focus on concrete interactions is by paying attention to overarching functional categories. This locks the analysis in on the level of the actual behavior in its particular context. Examples of such categories are the functional classes Callaghan (2006) developed in his functional ideographic assessment template. For example, this template defines *bidirectional communication* problems as behavior that inhibits an interpersonal relationship due to the client's problems with feedback or problems in effectively discriminating or responding to his or her impact on others. When they use such definitions, therapists can more easily avoid unperceived slipping into theoretical explanations and the counterproductive rule following these may produce.

Turning FAP's Functional Focus into a Cross-Cultural Advantage

One may assume that across religious or ethnic groups, basic behavioral processes like avoidance, escape, and rule governance function in similar ways. In different cultures the specific content of rules will vary, and one group will shape more extensive rule-following repertoires in its members than another group. But verbal control in itself will function similarly. Reinforcers will be topographically different, but reinforcement will operate in similar ways. Thus, linked to a focus on functional analysis, the deemphasis of topography has various implications that can be exploited for enhancing cultural competence.

The first implication is that, using basic principles, the client's culturally specific topographies can be seen in the same functional terms as those typical for the therapist's own group. Redefining out-group patterns in terms of in-group patterns (APA, 2003) is helpful in culturally competent practice. It makes it possible for therapists to see both the client's experience and their own with the same eyes. As an example, a culture-specific pattern of relating within the client's family may be unknown to the therapist, but the functions that make up its meaning, like avoidance of conflict, securing access to support, or other reinforcers, will be equally present in the therapist's culture, although they may be linked to very different behavioral topographies. As another advantage, this also makes it easier for the therapist to integrate the client's cultural strengths and healing practices into treatment whenever they are functionally relevant, including spiritual or problem-solving practices with topographies that may be very different from the therapist's.

Another implication is that a deeper analysis is made possible. However different the content of rules are across cultures, detecting whether a certain client's rule following is to be understood as part of an avoidance repertoire or as approach behavior maintained by positive reinforcement may reveal more important information than would investigating the content or literal meaning of the rule. This is because the consequences of rule following are what maintains the behavior, that is, what following the rule means in the client's context. On the other hand, the same verbal content (e.g., "I must contribute financially to my extended family") may function differently (i.e., produce different consequences) in different cultures. It may be what is expected from a successful family member and allows access to higher status and respect within the family as well as to increased influence over family decisions. But in another culture, this rule may specify a behavior that is demanded from low-status family members in order to avoid disgrace or other forms of punishment. A focus on the content may obscure such important differences.

Appreciating culture in functional terms offers advantages that make it worthwhile to abandon the security of models that describe culture in terms of traits and attitudes. Skinner's (1987) definition of culture as the contingencies of social reinforcement maintained by the group may not generate descriptive generalizations about a particular culture, but it does allow the therapist to understand *why* the client's behavior shows certain features. Furthermore, the notion of metacontingency (Glenn, 1991) allows us to understand a cultural practice as a functional class of operant behavior of the members of a cultural group. Within the group environment, these intertwined behaviors produce repercussions that in turn select the group's practices. This notion shows why it is useful to distinguish cultural selection from ontogenetic selection at the individual level. It also clarifies why a therapist (who deals with the behavior of the individual and obviously not of the cultural group as a whole) must still take the functions of cultural practices into account.

Understanding a culture in terms of contingencies and metacontingencies makes it possible to appreciate its dynamic fluctuations and seeming internal incoherence. Seeing movies or reading books related to the client's background (e.g., psychotherapy literature or regional novels) will help the therapist to understand cultural practices and what consequences maintain them. By focusing on what people do and what it means in their context, the functional notion of cultural practices clarifies the intertwining of group and individual contingencies. And taking both metacontingencies and individual learning history into account will greatly facilitate dynamic sizing.

Therapists may be expected to acquire this functional focus, a leading feature of behavior analysis, as a result of training. However, to resolve the vulnerabilities earlier described as being the downside of the functional approach, good skills at functional analysis must be accompanied by mindfulness and the systematic inclusion of therapist behavior in the analysis. As discussed above, a focus on the concrete interactions (as opposed to abstract concepts) both helps with and is enhanced by the quest for functional meaning. In this way, the same efforts that were suggested to help acquire a concrete focus also indirectly enhance functional focusing.

Obviously, FAP includes topographically defined components, such as beginning- and middle-of-therapy questionnaires and end-of-therapy letters (Kohlenberg, 2005; Kohlenberg, Kanter, Bolling, Parker, & Tsai, 2002). These elements may be culturally undesirable and may need to be modified for certain clients. But culture sensitivity may be enhanced by following the basic premises of FAP: a focus on the function of the client's behavior both in and outside the therapy session.

Inclusion of Therapist Behavior in the Analysis as a Cross-Cultural Advantage

FAP intentionally includes the assessor as part of the context of the behavior being assessed. What happens between therapist and client, and not just what the client does formally, is the actual focus of therapy. In approaches that use contrived consequences or didactic strategies, it is critical that no misunderstandings occur. In FAP, the therapist's mistakes or misperceptions can be used as opportunities to make therapy work. For instance, how the client deals with being misunderstood, or with finding out he or she has misunderstood the therapist, may shed light on his or her daily life problems. Only a comparison between what happens during the session and what happens in the client's daily life will show if

the therapist's reactions constitute in-session learning opportunities. In-session discussion about the ways relevant interpersonal therapist–client interactions are functionally similar or different from daily life experiences, which is typical of FAP, opens a window to understanding how culture influences both the client's daily life experience and the therapy process.

As therapists take their own ways of relating to and communicating with clients into account in the analysis of what happens during sessions, they are continually confronted with the arbitrary quality of their own actions and assumptions. This helps them to understand their attitudes and biases as products of a unique learning history that has shaped their ways of perceiving, feeling, and acting. Thus, the inclusion of their behavior in the functional analysis constantly reminds them that their own biases and practices are as culturally determined as the client's and in no way are universally valid.

The observation of the impact of the therapist's responses on the client's behavior, a standard practice in FAP (Kohlenberg & Tsai, 1991), continually exposes therapists to real-time feedback on the cultural appropriateness of their skills and interventions, on their understanding of the client's worldview, and on their own biases and attitudes. This procedure unmasks potential dangers to effective therapy, such as the dominant culture's disqualification of socially disadvantaged people's perception of their reality (Williams, 1991). Cultural issues between the mainstream therapist and the minority client necessarily surface in FAP and must be faced directly, because the discussion is exactly about how one person's behavior affects the other's.

Over the long term, observing how their behavior affects clients with diverse backgrounds will help therapists to become comfortable with differences and, at the same time, enhance their understanding of themselves as people with a cultural and racial history. These are core elements of cultural competence (D. W. Sue et al., 1992). However, as Glockshuber (2005) reported, it is difficult for counselors to identify the connections between their professional practice and their cultural socialization or heritage. Considering the importance of this skill for our conception of culture-sensitive therapy, FAP trainers and supervisors should give special attention to this learning goal.

Specifically, therapists need to learn about the cultural contingencies that influence their behavior, as it occurs. According to Bolling (2002), it is important for the functional analyst to be keenly aware of sociohistorical contingencies that have shaped his or her behaviors and to see where they intersect with those that have shaped the clients' behaviors. Acknowledging how privilege, power differences, and majority views differently affect the therapist's and the client's behavior may evoke discomfort and often subtle escape and avoidance responses in the therapist. Once again, mindfulness is demanded of the therapist. Full awareness and acceptance of this discomfort and the related escape and avoidance responses will be useful both in preventing impasses and in providing relevant material for work on the client's daily life problems.

Learning to identify how cultural practices influence one's professional behavior can also be a valuable goal to work on during supervision when a therapist experiences problems with a particular cultural issue or client. In this case, supervision by a culturally different supervisor could be a critical learning opportunity for the mainstream therapist, providing the supervisor has sufficient personal experience with cross-cultural FAP to respond sensitively to the issues that may emerge in his or her relationship with the therapist.

FAP MAKES THERAPISTS *FEEL* BETTER

Hayes, Pankey, and Gregg (2002) argue that therapy should help clients to *feel* better instead of to feel *better*. To contact and distinguish the determinants of their feelings (i.e., to *feel* better), clients must give up avoidance strategies whose goal is to have only positive feelings (i.e., to feel *better*) at the cost of ignoring relevant parts of their real-life conditions. We can apply this as well to the therapist, who would certainly feel more comfortable if he or she could cling to a structural model of how people in a certain culture ought to function and how the therapist ought to act. But from an FAP standpoint, this is an avoidance behavior that limits the therapist's sensitivity. FAP suggests that the therapist let go of this security and be fully responsive to the relationship.

This should not be misunderstood as a complete rejection of rule governance of the therapist's behavior. Inasmuch as FAP emphasizes learning through direct experience, it does not deny the role of verbal control in the acquisition of culture-relevant information. Therapists may learn about different cultural nuances in communication as well as culture-related role inconsistencies through formal study (reading and seeing movies). In addition, a therapist is able to focus on concrete interactions, to focus on function, and to include his or her own behavior in the functional analysis of the client's behavior (the three features of FAP with distinctive cross-cultural potential) as a result of a learning history that likely includes both instruction and contingency shaping. Even the conscious rejection of structural models because these imply excessive rule following is in itself an example of rule governance.

As can be expected in the FAP context, our considerations of culture sensitivity have not led to a theoretical model but rather to a set of simple principles that can transform cultural differences from roadblocks into rich opportunities to make therapy work. First, focusing on concrete interactions avoids getting caught up in irrelevant explanations and helps to establish clear progress markers for both client and therapist. It promotes detachment from cultural stereotypes and enhances flexibility and sensitivity to the unexpected as well as openness to feedback about one's biases. This emphasis on concrete behavior can be promoted in different ways. On a theoretical and philosophical level, this emphasis comes as a result of a thoroughgoing antiessentialism. On the practical level, it results from a weakening of rule following involving models, extra attention to client history and background, direct contact by the therapist with different social contexts, supervision from a supervisor belonging to a different culture, and mindfulness training or other means of increasing openness to experience.

A focus on function makes it possible to look beyond cultural topographies. With basic principles serving as a bridge between behaviors with different cultural topographies, it is easier for therapists to see client behavior and their own through the same lens. Aware that beliefs and worldviews are shaped by social interactions, the therapist cannot but give his or her own and those from another culture the same status. This focus can be acquired through good functional analysis training coupled with intentional and effortful awareness of social context variability and metacontingencies.

The explicit inclusion of the therapist's behavior in a functional analysis makes the impact of his or her attitudes on the client's behavior clearly visible. Cross-cultural advantages of this FAP feature include that it highlights the culture-specific nature of the therapist's practices and assumptions and that it shows when and how the

client's reactions are determined by the therapist's culture. It makes it easier to note and accept real-time feedback about the cultural appropriateness of one's biases. The necessary skills for including one's own behavior in the analysis may be acquired through specific FAP focus training and special attention in supervision.

Because the FAP community is currently engaged in the issue of empirically establishing treatment effects through ideographic research strategies (Callaghan, Summers, & Weidman, 2003; Kanter et al., 2006; Kanter, Schildcrout, & Kohlenberg, 2005), it is a fitting moment to focus on cross-cultural issues in outcome studies in a way that is consistent with the philosophical bases of FAP. Although the considerations in the present paper are first and foremost meant as suggestions for practice, supervision, and training, they may also be included in this research effort.

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